

MISUSE OF **PRESCRIBED MEDICATIONS** IN SOUTH GLOUCESTERSHIRE

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EXECUTIVE SUMMARY

This report details issues of misuse of prescribed medications in South Gloucestershire. It looks into the origins of such issues from the United States, and how it has become an emerging trend in the United Kingdom, and in South Gloucestershire in particular. It also considers local challenges as well as recommendations to address them.

Predominantly the issues around misuse of prescribed medications are related to patients taking doses above prescribed levels, and non-directed use of the prescribed medication by individuals for whom they have not been prescribed. These may lead to tolerance and physical dependence. Opiates (such as codeine), central nervous system depressants (such as benzodiazepines), antidepressants, antihistamines, and stimulants are typical medications that are often abused by patients.

The issues around prescribed medications should be addressed by the South Gloucestershire Drug & Alcohol Action Team (DAAT) at the earliest opportunity. An early involvement will help the local area to provide appropriate treatment interventions for those who are in need and champion the movement at regional and national level. In doing so, various national strategies can be used to support the move towards addressing the misuse of prescribed medications, such as the Government 2010 Drug Strategy, 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug-free Life', Building Recovery in Communities 2011, Public Health England's Commissioning Treatment for Dependence on Prescrip-

tion and Over-the-counter Medicines 2013 and the Localism Act 2011. In addition, the 2014 Order (SI 2014/1106) came into effect on 10th June 2014, restricting the prescribing of tramadol by GPs following a spike of deaths linked to recreational use of the drug.

The genealogical investigations of the movement towards curbing the misuse of prescribed medications can be traced from the United States, where drug overdoses are the second largest cause of premature deaths from unintentional injuries. Evidence suggests that there is an emerging trend of misuse of prescribed medications in the UK, albeit in a pernicious manner. This is demonstrated by the annual number of prescriptions per person in the UK, which has increased from 11.9 in 2001 to 18.3 per person in 2011. In addition, a national research by Nuffield Health found that GPs are 46 times more likely to prescribe medication for depression and other mental illnesses than other medically proven alternatives, such as social prescribing.

The statistics on drug-related deaths from the Office for National Statistics (ONS) in England and Wales, collected between 1993 and 2013, show that anti-depressants were the most frequently cited substance on the death certificate for drug-related deaths, regardless of whether they were used in conjunction with other substances or not. Furthermore, the number of drug-related deaths among males are triple that for women. The most drug-related deaths are recorded for men aged 30 – 39 and women aged 50 – 69.

In South Gloucestershire, the percentage of clients in treatment citing use of prescription or over-the-counter medication (no illicit use declared by the patients) has been on an increasing trend since 2010; with benzodiazepines and prescribed opioid usage increasing yearly. It is also observed that the rate in South Gloucestershire is the highest among other local authorities in the South West region, and six times higher than the South West average. On the other hand, the percentage of clients citing use of prescription or over-the-counter drugs (with illicit use) is decreasing, and is lower than the South West average. According to the service users' and carers' voice, the concerns are around misuse of prescribed medications as a 'quick fix' for a long period of time.

There are four local challenges that have been identified in the prescribed medications, namely supporting the GPs with better prescribing practices, identifiable links between misuse of prescribed medication and social deprivations, availability of data and intelligence, and connection with the other health services.

To address these challenges, it has been proposed that a Specialist Service in Primary Care is vital, to support and advise GPs to provide treatment, to recognise when a patient needs more specialist care, and to support patients who cannot be treated in standard primary care settings. It is also anticipated that such a service will be the first one in England and Wales in championing the awareness of, and movement towards addressing prescription medicine misuse. In addition, the service can pro-

vide a series of training sessions for GPs to address the issues, help patients to initiate behaviour change to address their addiction, conduct publicity campaigns, refer patients into treatment, and address issues surrounding online pharmacies.

Support for the GPs can also be strengthened by help from a trained pharmacist, where each GP surgery would have a trained surgery pharmacist to work with the GPs through formulation and operation of patient programmes. Linking with Mental Health and Physical Activity Services is also desirable, to address co-morbid mental health problems among patients and to provide some forms of social prescribing, particularly through physical activities, and ecotherapy activities.

It is anticipated that local data will be collected, which will enable South Gloucestershire to become a regional and national information hub for the misuse of prescribed medications. This will assist with local intelligence, coordinate future operational and strategic delivery, and facilitate communication and information sharing processes with partner organisations such as Public Health England (PHE), Avon & Somerset Constabulary, service user groups, GP practices, Clinical Commissioning Group (CCG), Mental Health services and Care Quality Commission (CQC).

INTRODUCTION

What is the Misuse of Prescribed Medications All About?

The concern surrounding misuse of prescribed medications is a relatively recent phenomenon. It takes into account issues relating to taking doses above prescribed levels and non-directed use of the prescribed medication by individuals for whom they have not been prescribed.

It is possible that this may lead to addiction if the process of prescribing by the General Practitioners (GPs), along with improper use of medicine among patients, are not addressed. 'Addiction' in this context refers to a primary, chronic, neurobiological disease, with genetic, psychosocial, and environmental factors influencing its development and manifestations.¹ It is characterised by behaviours that include impaired control over drug use, compulsive use, continued use despite harm, and craving, which can lead to physical dependence² and tolerance.³

What are the Medications that Tend to Get Abused?

Predominantly, the following prescription medicines tend to be abused by patients:

- Opiates, such as codeine, which are often prescribed to treat pain.
- Central nervous system depressants, such as benzodiazepines (diazepam and tempezepam) and z-drugs to treat anxiety and sleep disorders.
- Antidepressants, such as citalopram and mirtazapine.
- Antihistamines, such as chlorphenamine.
- Stimulants, such as dexamphetamine, to treat Attention Deficit Hyperactivity Disorder (ADHD) or slimming.

¹American Academy of Pain Medicine, 'The Use of Opioids for the Treatment of Pain', the American Pain Society and the American Academy of Pain Medicine (2001).

²A state of adaptation that is manifested by a drug class specific withdrawal syndrome that can be produced by abrupt cessation, rapid dose reduction, decreasing blood level of the drug, and/or administration of an antagonist. It is also known as 'iatrogenic addiction', which is a feeling of not being able to do without a drug and a desperate need to obtain and consume the drug to alleviate feelings that arise from not having it.

³A state of adaptation in which exposure to a drug induces changes that result in a diminution of one or more of the drug's effects over time.

It has been observed by the All Party Parliamentary Group on Drug Misuse Inquiry that the prescription of opioids for the relief of pain has increased steadily over the past decade, along with a wide variety of choices available to prescribers. However, the safety and efficacy of opioids remain unknown in the long term, particularly regarding the propensity of opioids to cause problems of tolerance, dependence, and addiction, since therapy is often continued over months or years.⁴ In addition, according to Battle Against Tranquilisers, Gabapentin and Pregabalin seem to be among the recent most popular newly prescribed drugs.⁵

What are the dangers of Prescribed Medications?

The prescription medicines, if not being used as directed, may cause the following consequences, depending on the type and dose of the drugs:

Short-term effects

- Sedation
- Lack of bodily co-ordination
- Altered states of consciousness
- Gastrointestinal issues such as nausea and diarrhoea
- Changes in blood pressure
- Changes in appetite
- Interactions with other substances such as drug and alcohol

Long-term effects

- Constipation
- Depressed respiration
- Symptoms associated with withdrawal, including anxiety, depression, seizures, tremor and insomnia
- Tolerance and dependence
- Physical damage to the digestive system, liver and kidneys

⁴Stannard, C., 'All Party Parliamentary Group on Drug Misuse Inquiry: Response on behalf of the British Pain Society - Risk of Addiction to Opioids Prescribed for Pain Relief' (2007), available at: http://www.britishpainsociety.org/APPG_report.pdf (last accessed: 3rd October 2014).

⁵Battle Against Tranquilisers' Submission to the British Medical Association's Call for Evidence on Involuntary Dependence to Prescription Medications (2014).



GOVERNING FRAMEWORK

Why Should the Issues on Misuse of Prescribed Medications be Addressed?

The issues on prescribed medications should be addressed by the South Gloucestershire Drug & Alcohol Action Team (DAAT) at the earliest opportunity. Despite the fact that the issues are considered as a slow burning problem at present, an early involvement will help the local area to provide appropriate treatment interventions for those who are in need and champion the movement at the regional and national level.

In order to tackle the issues surrounding misuse of prescribed medications, the following legal and regulatory framework can be used to enable the South Gloucestershire Drug & Alcohol Action Team (DAAT) to tackle the issue:

- The Government 2010 Drug Strategy, 'Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug-free Life', highlights the need to respond to emerging drug threats and tackle drug dependence.⁶ In particular, the strategy makes a reference to, 'dependence on all drugs, including prescription medicines' and 'local responses to drug misuse and dependence are also expected to cover dependence and other problems with medicines.'
- Building Recovery in Communities 2011 enshrines the value of working with people who wish to take proactive steps in tackling their dependency on substance misuse, and offers an exit strategy through recovery.⁷
- Public Health England's Commissioning Treatment for Dependence on Prescription and Over-the-counter Medicines 2013 recommends that a specialist response be commissioned as part of the drug and alcohol misuse treatment system, with support from the primary care in providing an enhanced service, and a dedicated provider within the integrated drug and alcohol treatment services.⁸

- Using this model as a framework, primary care practices will be expected to respond to the emerging problem of addiction to medicines as part of their regular patient care, within the terms of the General Medical Services (GMS) contract, with assistance from a specialist service in tackling the misuse of prescribed medications.

- The 2014 Order (SI 2014/1106) which went into effect on 10th June 2014, restricts prescribing of tramadol by GPs; it has been re-classified as a class C drug, following a spike of deaths linked to recreational use of the drug. In practice, this will mean that GPs must provide written prescriptions for both tramadol and temazepam, and will only be able to prescribe a month's supply of the drugs at a time.

- Localism Act 2011 – This is an Act that provides freedom to shape the treatment in line with the Localism agenda, where the working model is based on the experience and understanding of local evidence, and is appropriate to the context and population of South Gloucestershire.



⁶HM Government, 'Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Live' (2010).

⁷National Treatment Agency for Substance Misuse (NTA), 'Building Recovery in Communities: A Summary of the Responses to the Consultation' (2012).

⁸Public Health England, 'Commissioning Treatment for Dependence on Prescription and Over-the-Counter Medicines: A Guide for NHS and Local Authority Commissioners' (2013), available at: <http://www.nta.nhs.uk/uploads/pheatmcommissioningguide.pdf> (last accessed: 3rd October 2014).

PREVALENCE OF PRESCRIBED MEDICATIONS MISUSE

Where Do These Issues Surrounding the Misuse of Prescribed Medications Originate From?

The genealogical investigations of the movement towards curbing the misuse of prescribed medications are traced from the United States, where drug overdoses are the second largest cause of premature deaths from unintentional injuries. The latest available statistics in 2010 revealed that, in the US:

- There were 22,134 (58%) out of 38,329 drug overdose deaths attributed to prescription medicines.⁹
- 1.5 million emergency admissions to hospitals each year are due to abuse of prescribed medications.¹⁰
- 16 million Americans, aged 12 and above, were estimated to have used at least one type of prescription drug for non-medical reasons in the previous year.
- Pain killers, predominantly opiates, are the most commonly abused prescription drugs with 5.5 million US residents using them on a monthly basis, followed by tranquilisers (2.6m) and stimulants (1.1m).

In addition, some high profile celebrities, such as Michael Jackson (2009), Heath Ledger (2008), and Kurt Cobain (1994) heightened publicity on the misuse of prescription drugs in the past decades.

⁹Jones, C. M. et al, 'Pharmaceutical Overdose Deaths, United States, 2010' [2013] 309(7) Journal of the American Medical Association 657.

¹⁰*Ibid.*

¹¹NHS Information Centre (2012) Prescriptions Dispensed in the Community: England, Statistics for 2001 to 2011.

¹²*Ibid.*

¹³N.11, *supra.*

¹⁴Nuffield Health, 'Prescribing Exercise Key to Defusing 'Ticking Mental Health Time Bomb'', available at: <http://www.nuffieldhealth.com/fitness-and-wellbeing/news/prescribing-exercise-key-to-defusing-ticking-mental-health-time-bomb> (accessed: 14th November 2014).

¹⁵N.11, *supra.*

¹⁶N.11, *supra.*

¹⁷Office for National Statistics, 'Deaths Related to Drug Poisoning, England and Wales 2013' (2014), available at: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-375474> (last accessed: 3rd October 2014).

Are the Issues in Prescribed Medications Prevalent in the UK?

Evidence suggests that there is an emerging trend of misuse of prescribed medications in the UK, albeit in a pernicious manner.

At the national level, the annual number of prescriptions per person in the population has increased from 11.9 in 2001 to 18.3 per person in 2011.¹¹

Interestingly, an estimated 20% to 50% of all over-65s are being prescribed at least one anti-cholinergic drug, and while the effects of some are small, their cumulative effects may cause significant mental deterioration in older people who already have some cognitive problems.¹² Four out of five people over 75 years take a prescription medicine and 36% are taking four or more

drugs. It has also been estimated by the same research that many drugs used together can cause problems and that adverse reactions to medicines are implicated in 5-17% of hospital admissions.¹³

In addition, it has been observed that GPs are 46 times more likely to prescribe medication for depression and other mental illnesses instead of other medically proven alternatives, such as social prescribing.¹⁴ The same study looked into the behaviour of 2000 patients, where 44% experienced anxiety symptoms regularly; up 33% since the recession hit the UK in 2008.¹⁵ The research also suggests the number of people experiencing low moods, an early indicator of depression, has also increased, jumping from 31% to 39%.¹⁶

The latest statistics on drug-related deaths from the Office for National Statistics (ONS), in England and Wales, between 1993 and 2013 depict the following trends:¹⁷

- Anti-depressants were the most frequently cited substance on the death certificate for drug-related deaths, regardless of whether they were used in conjunction with other substances or not.
- Drug-related deaths among males are triple that related to women, particularly in 2013.
- Men aged 30 – 39 recorded the most deaths that were drug-related, followed by 20 – 29. The deaths among men tend to decrease with age.
- Women aged 50 – 69 recorded most the drug-related deaths, followed by those aged 40 – 49. Compared to men, drug-related deaths among women tend to increase with age.

The findings above are indicative of the emerging trend of misuse of prescribed medications, which lead to death, in England and Wales. Figures 1 to 5 on the pages overleaf show charts depicting the trends above.

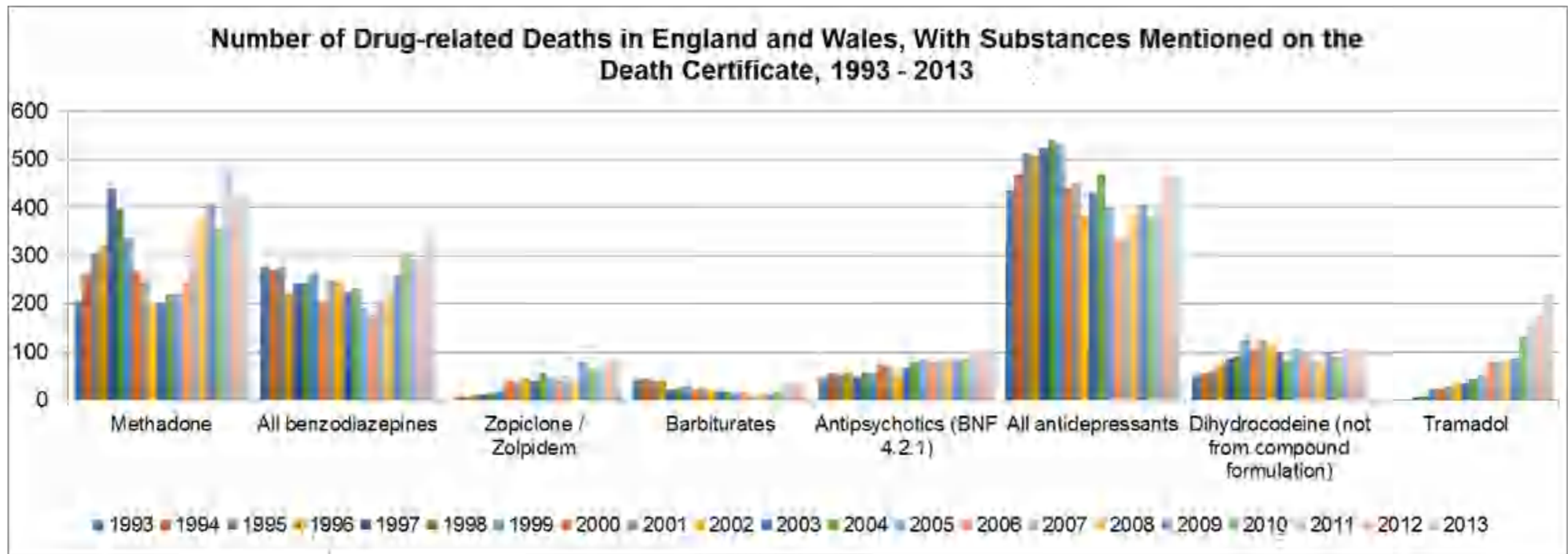


Figure 1: Number of Drug-related Deaths in England and Wales, With Substances Mentioned on the Death Certificate, 1993 - 2013

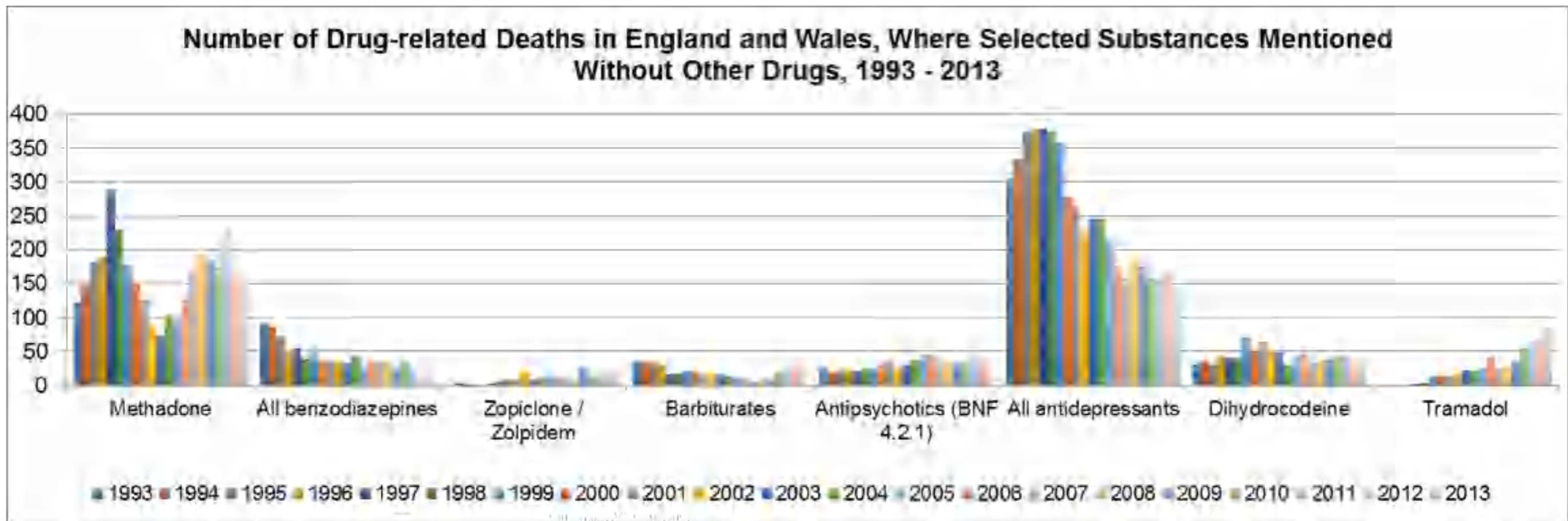


Figure 2: Number of Drug-related Deaths in England and Wales, Where Selected Substances Mentioned Without Other Drugs, 1993 - 2013

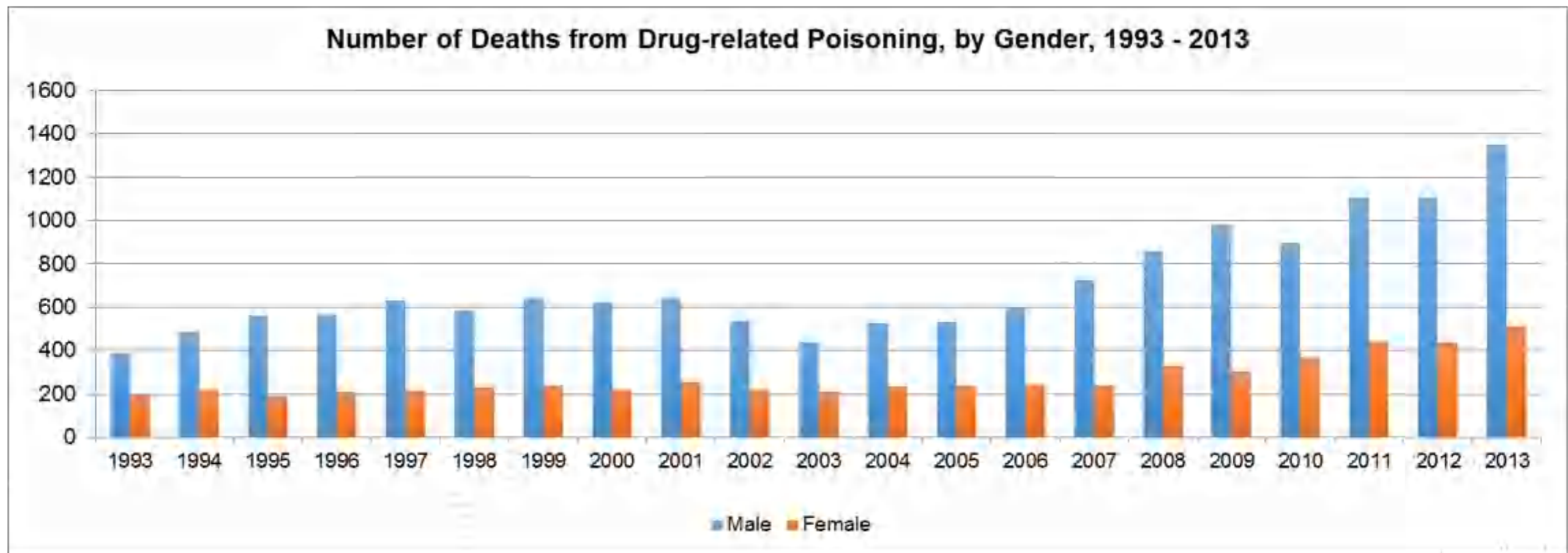


Figure 3: Number of Deaths from Drug-related Poisoning, by Gender, 1993 - 2013

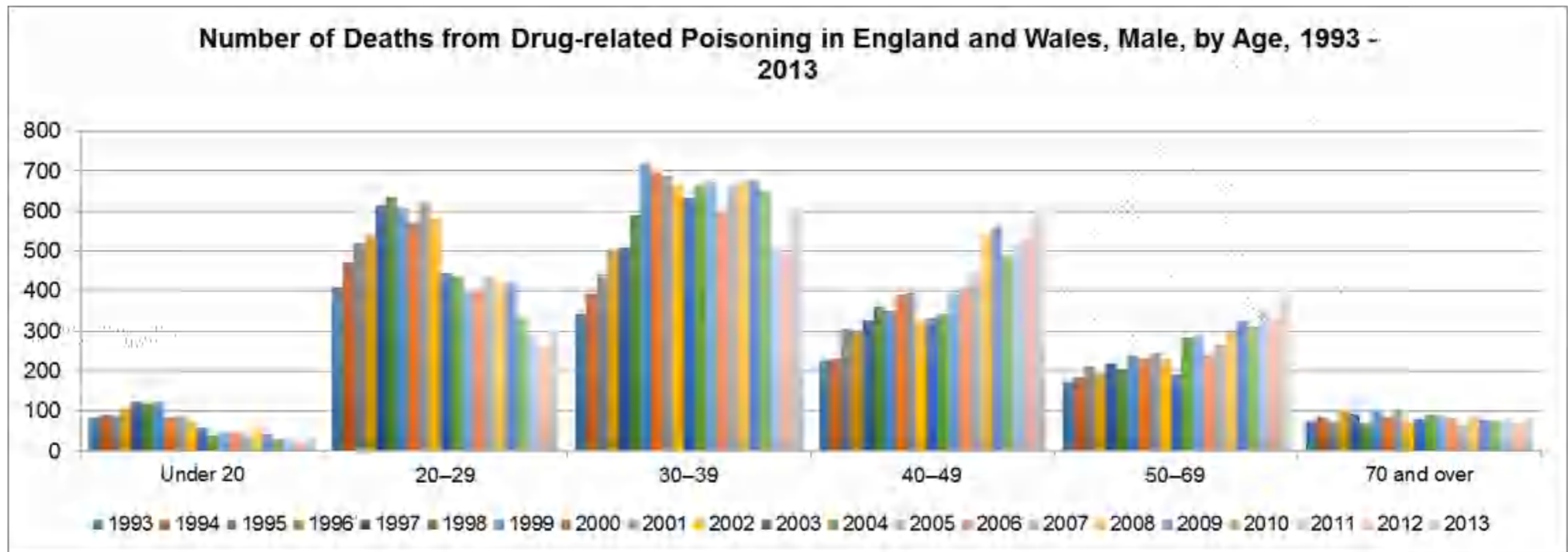


Figure 4: Number of Deaths from Drug-related Poisoning in England and Wales, Male by Age, 1993 - 2013

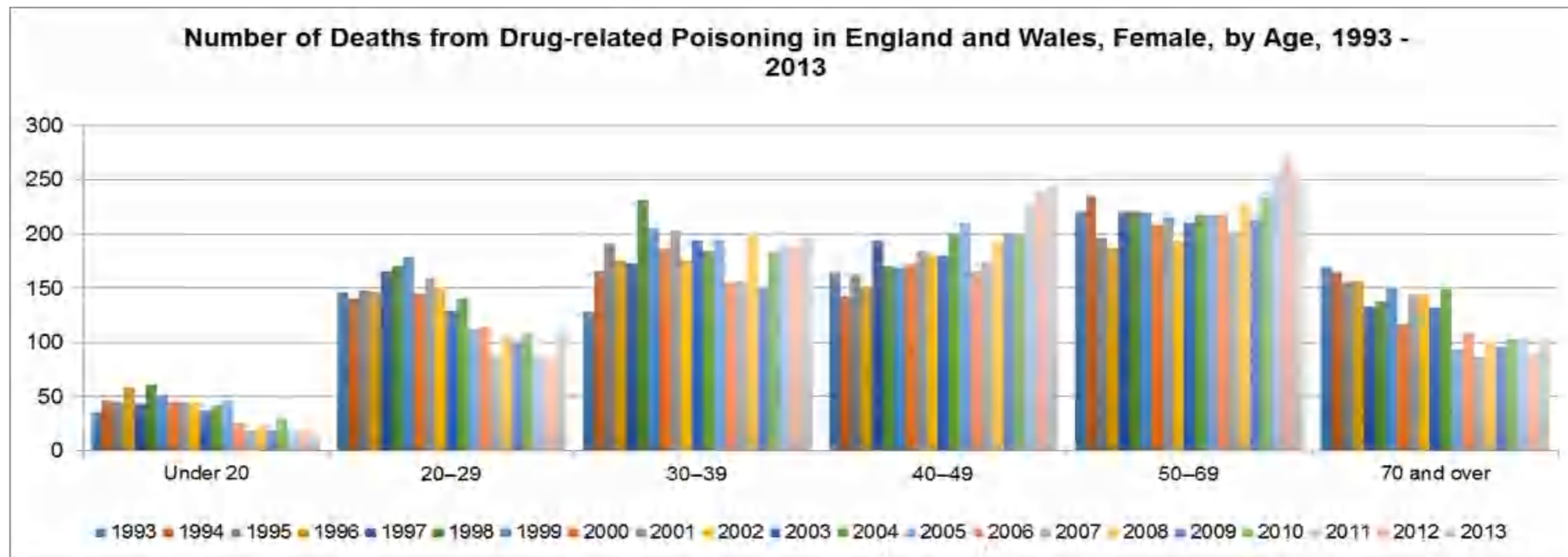


Figure 5: Number of Deaths from Drug-related Poisoning in England and Wales, Female by Age, 1993 - 2013

WHAT IS THE LOCAL PICTURE ON THE MISUSE OF PRESCRIBED MEDICATIONS?

What is the Local Picture on the Misuse of Prescribed Medications?

Given the 'silent' and 'slow burning' nature associated with the misuse of prescription drugs and the nature of some substances, it is difficult to accurately estimate the scale of the problem in South Gloucestershire. However, the overview of the drug treatment provision and access to the local treatment system, through the National Drug Treatment Monitoring System (NDTMS) show that, in South Gloucestershire:

- The percentage of clients in treatment citing prescription or over-the-counter use (no illicit use declared by the patients) has been on an increasing trend since 2010. It is also observed that the rate in South Gloucestershire is the highest among other local authorities in the South West region, and six times higher than the South West average.
- On the other hand, the percentage of clients citing prescription or over-the-counter drugs (with illicit use), is decreasing, and lower than the South West average.

The findings above are depicted in Figures 6 and 7 overleaf.

Using these two premises, it can be inferred that misuse of prescribed medications, with no illicit use, is prevalent in South Gloucestershire compared to its South West counterparts.¹⁸

In addition, the following trends have been observed, based on figures 8 – 13:

- For those clients who did not cite illicit drug use, the misuse of benzodiazepines and prescribed opioid usage have increased on a yearly basis.
- For those clients who cited illicit drug use, the misuse of prescribed opioids and prescribed drugs has increased on a yearly basis.¹⁹

It must be noted that the NDTMS data only covers those seeking specialist treatment. The current data capture mechanisms do not make specific references to the misuse of prescribed medications. Therefore the intelligence of those who do not approach treatment services for misuse of prescribed medications, and those who are developing problems with medicines at an early stage, are not apparent.

In this context, it can be suggested that there may be gaps within the local treatment system and unmet needs in dealing with these cohorts of service users in South Gloucestershire.



¹⁸ The NDTMS data also does not make a distinction between 'prescribed medications' and 'over-the counter medications'.

¹⁹This should be caveated by the fact that South Gloucestershire has a service that specialises in benzodiazepine addiction (Battle Against Tranquillisers), which may have increased the reporting.

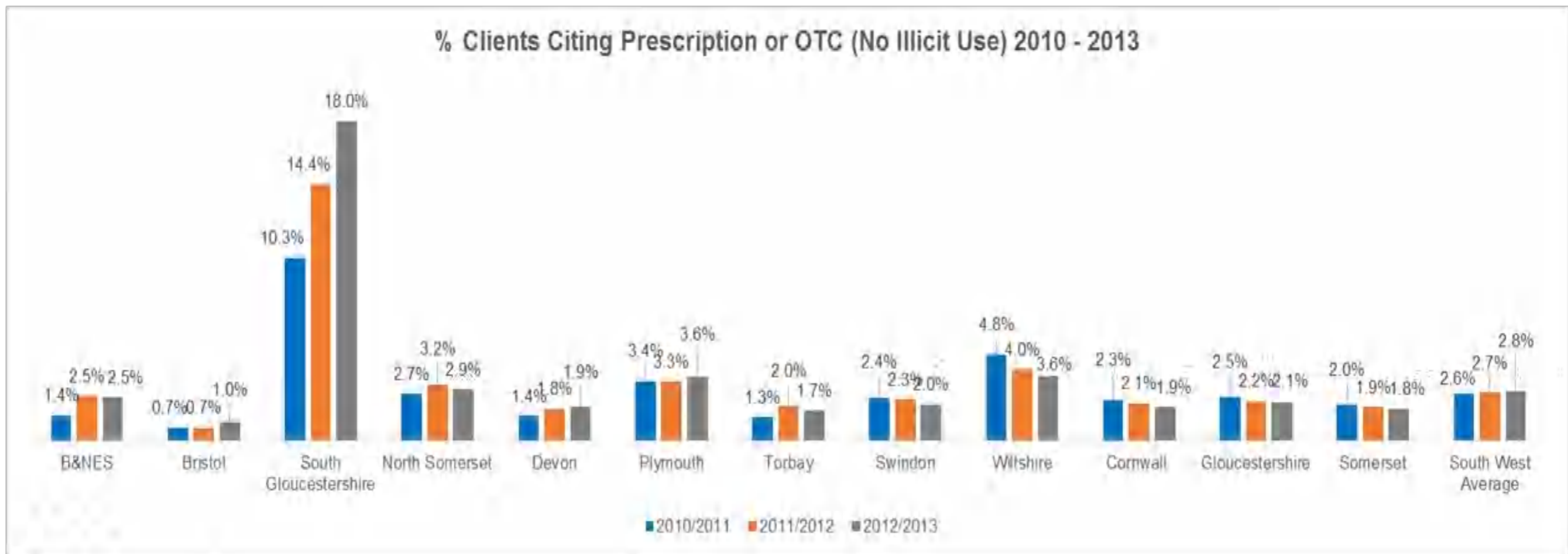


Figure 6: Percentage of Clients Citing Prescription or Over-the-Counter Drugs (No Illicit Use) 2010 - 2013

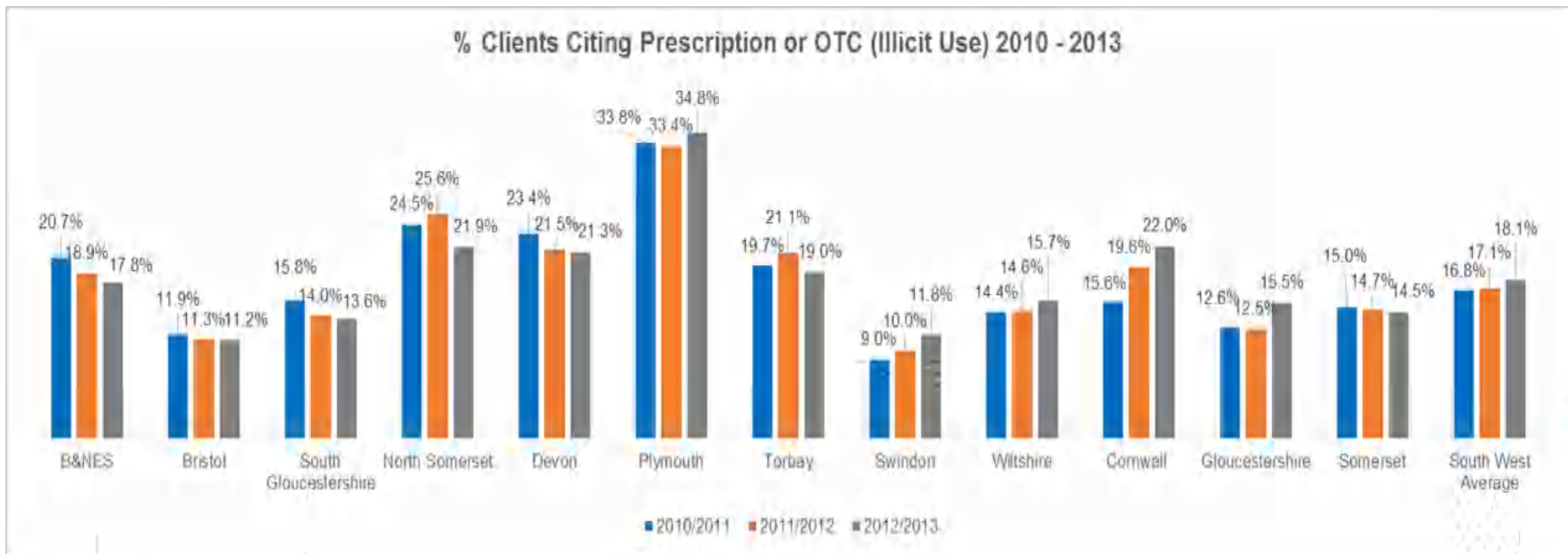
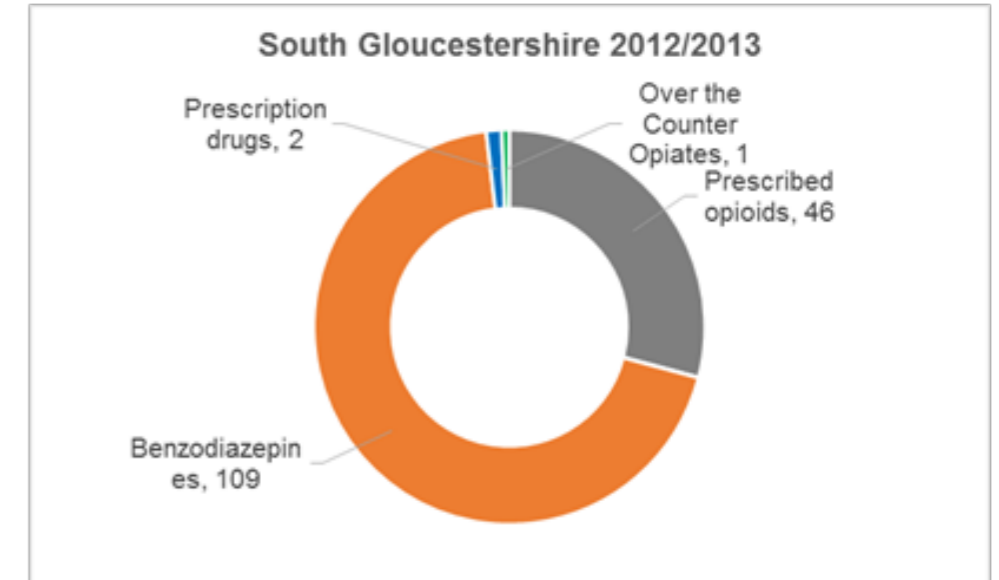
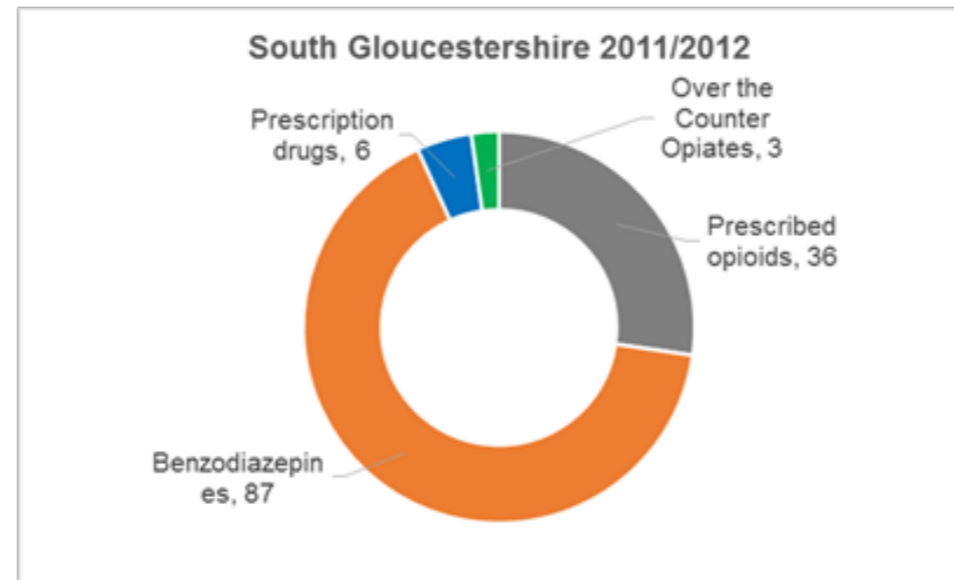
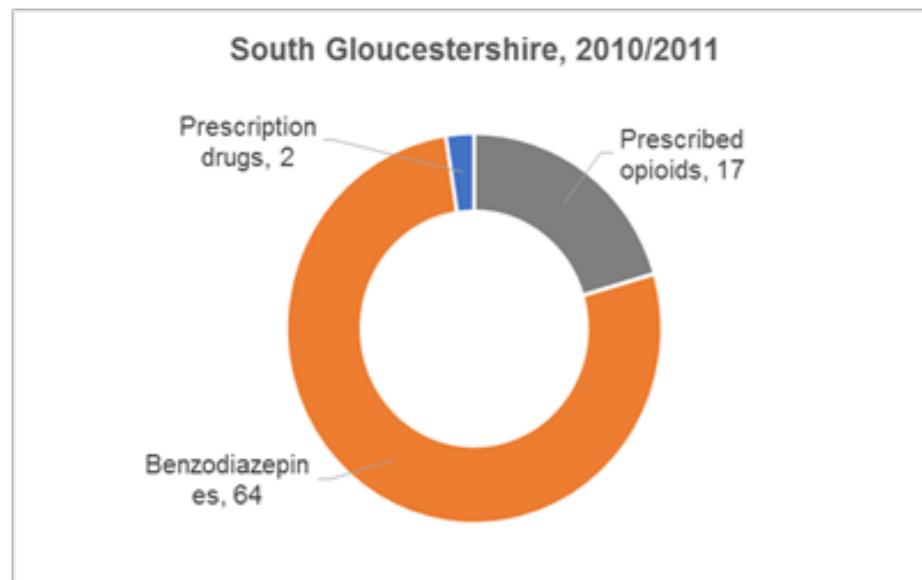


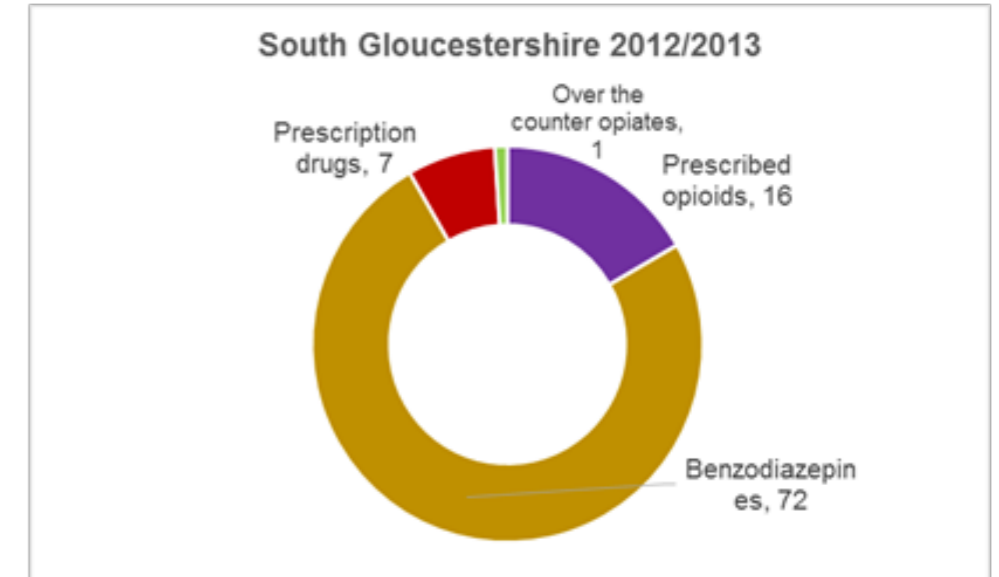
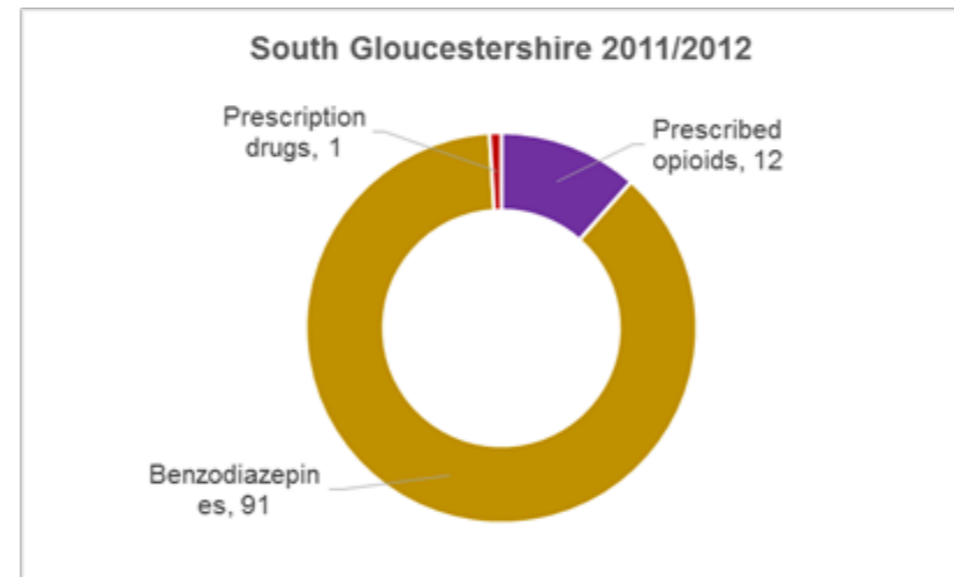
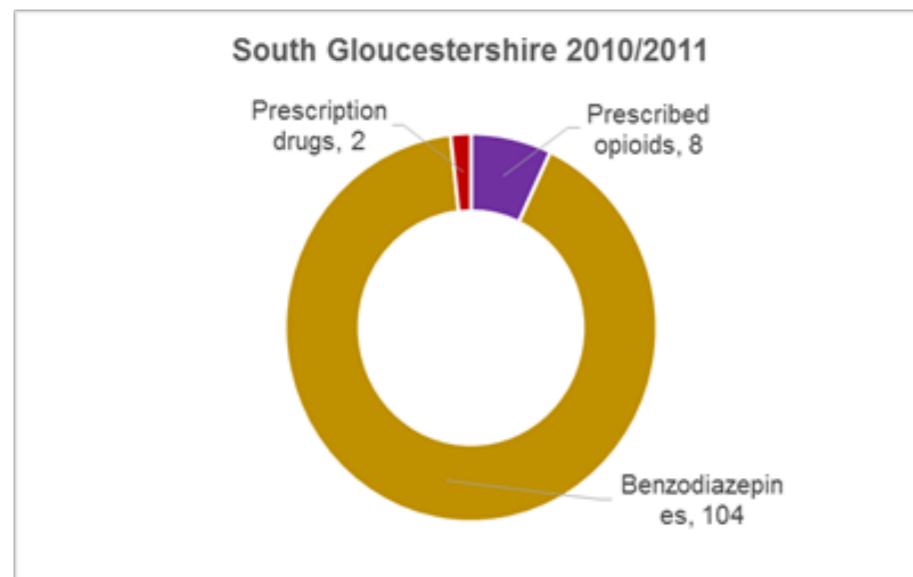
Figure 7: Percentage of Clients Citing Prescription or Over-the-Counter Drugs (Illicit Use) 2010 - 2013

Service Users Citing Prescription or OTC in South Gloucestershire (No Illicit Use)



Figures 8, 9, and 10: Drug of Choice (No Illicit Use) 2010/2011 – 2012/2013

Service Users Citing Prescription or OTC in South Gloucestershire (Illicit Use)



Figures 11, 12, and 13: Drug of Choice (Illicit Use) 2010/2011 – 2012/2013

SERVICE USERS' POINT OF VIEW

What are the Views of Service Users?

The following quotes were taken from the Rolling Comments, which is a service users' feedback forum, on issues concerning abuse of prescribed medications, from the perspectives of a service user, a carer, and a service provider, between April 2013 and August 2014. Thematically, the concerns are around misuse of prescribed medications as a quick fix for a long period of time (by both a service user and a carer), and issues about service users not being involved in the prescribing process (by a service provider):

'I can remember coming downstairs one morning to find T with a handful of white pills. He quickly put them in his mouth and turned away from me. I asked what they were and he replied, 'They are for my anxiety, you know that.'

I didn't know. I admit that on one occasion when he was out I found his little white pills to check what they were. The label was for Flurazepam from the Benzodiazepine group. What's that I thought? I had no idea. I knew that he had been prescribed a modern anti-depressant by his GP but this was not the medication. So, good old Google informed me all about it and the dangers of staying on this medication for long. It is used as a pre-med before an operation and at times up to 2 weeks with a GP prescription.

I was worried and needed more information. When speaking to one of his daughters I casually mention it and she informed me that it was the drug known as Valium and it had been prescribed it when he was 18 years old for a shoulder injury. That was 46 years ago.'

- AS, Carer, August 2014



'Medication is a catch 22 for P as he feels he would need to take them for as long as possible with no way out and that safety net that could keep him on [subutex] as long as he has to without the thought of withdrawing or being sick which he quotes, 'The worse feeling ever.'

The fear of being sick reminds him every time when he wakes up and blames that first drink on the first day out of treatment. The reason I asked to speak to P was the highlight around pills and [medications] and the control it has over people who abuse them to get the satisfaction it [does not]! [It gives] you towards the end! [Again, it highlights] the seriousness around tablets and medication that only fixes people temporarily'

- D, Service user, June 2014

'Another issue which I have often spoken with service users about is whether medication can be taken home or needs to be taken in the pharmacy. The final decision around this is made by the GP who signs the prescription. However, at DHI we do try to work with GP's, with the hope that as far as possible, decisions around prescriptions are fair and consistent, whilst also being safe. I am always happy to hear from service users who don't agree with any decisions around their prescription. The aim of a Manager looking again at prescribing decisions would be to make sure we have got the right balance of listening to the view of the person who has the [prescription], while making sure that we are working in a safe way'

- Treatment Service Manager, DHI, June 2014

LOCAL CHALLENGES

What are the Local Challenges on the Misuse of Prescribed Medications?

There are four local challenges that have been identified in the prescribed medications, namely assisting the GPs with better prescribing practices, identifiable links between misuse of prescribed medication and social deprivations, availability of data and intelligence, and connection with the other health services.

Assisting GPs with Better Prescribing Practices

Clinicians should be alert for behaviours suggestive of aberrant drug use. Most cases refer to problematic behaviours in patients prescribed opioids for pain. The risk factors below may indicate inadequate treatment of pain, physical dependence, or an attempt by the patient to relieve distressing symptoms other than pain:²⁰

- Simulating withdrawal symptoms when further supplies of the drug are refused or the dose reduced.
- Simulating an exacerbation of the underlying medical condition if a prescription is refused or dose reduced.
- Giving a history of inefficacy or poor tolerance of alternative medicines without misuse potential, or non-pharmacological treatment options.
- Asking for prescriptions to be re-issued because of repeated unsubstantiated episodes of prescription loss; claiming that supplies have run out early; altering the quantity or identity of drugs to be supplied on a prescription; approaching a second doctor in order to obtain supplies if the first one refuses.
- Stealing medication or prescriptions; buying supplies of medication from illicit domestic sources, from abroad, or via the Internet.
- Making threats, or offering bribes, to prescribers or those supplying medication.

²⁰N.4, *supra*.

In managing the abovementioned problems, the following approaches have been advocated:²¹

- The propensity for patients to use opioids problematically should be discussed before starting therapy. If concerns are noted these need to be discussed openly and non-judgmentally with the patient. The rationale for the concerns should be explained and the patient should be reassured that safe provision of analgesia remains the primary goal of therapy. The plan for evaluation of therapy may need to be modified. Frequency of assessments should be increased and drugs should be prescribed in small quantities.
- Problems should be discussed with other healthcare professionals involved in the patients' management. It may be helpful to ask the patient to be reviewed by a specialist in addiction medicine.
- All discussions with the patient should be carefully documented and the patient should be given a copy of the written record of the discussion.
- Individuals with a history of substance misuse are at risk of developing problems when prescribed opioids for pain relief, however there are a number of reasons why substance misusers have greater than usual pain management needs. If opioids are the most appropriate therapy they may be prescribed for these patients as part of a multidisciplinary treatment plan. Comprehensive assessment of both pain and addiction is mandatory and therapy should be closely monitored by professionals in both pain management and addiction medicine.

Autonomy and Trust

GPs in the UK enjoy a great deal of autonomy. With autonomy comes the notion of trust to make complex clinical judgments. It would therefore be desirable for GPs to keep up-to-date with the latest information on prescription drugs.

Incentivisations

A major impediment to reducing polypharmacy is that the payment system for GPs effectively rewards it.²² Under changes introduced by the Department of Health in 2004, GPs' remuneration is linked to managing specified medical conditions, including cardiovascular disease, diabetes, high blood pressure, asthma, obesity, and smoking.

In light of this, there needs to be a change in paradigm by the GPs to ensure their buy-in into responsible prescribing practices.

²¹N.4, *supra*.

²²McCarthy, M., 'The Patient Paradox: Why Sexed-up Medicine is Bad for Your Health', Pinter & Martin (2012).

Prevailing Patients' Informed Consent

Patients' consent is central to dichotomy of all treatment interventions. In order for the patients to give an informed consent, GPs need to provide sufficient information to understand the potential therapeutic benefits and harms of the prescribed medications, and available alternative treatments.

In addition, patients can be empowered to inform the GPs about their misuse of medications at the earliest opportunity, and can be signposted into the appropriate treatment programme

If the patients regularly take more than one prescription medicine, or take medicines for a long-term illness, they can be signposted to their local pharmacist for a Medicines Use Review, in which they can discuss the issues and concerns relating to their medicines.²³

Correlations with Social Deprivation

Social deprivation has been shown to be the major determinant of prescribing volume, with more deprived areas reporting higher levels of prescribing.²⁴ This could perhaps provide a partial explanation for the distribution of the prevalence of prescribing seen within the regional data for these drugs. This notion may also provide an explanation for the similar pattern of prescribing prevalence for opioid analgesics.

Availability of Data and Intelligence

There are many, if not all, publications that call for better data collection for monitoring purposes.

Since the NDTMS data returns only deal with a minimum amount of data collection as predicated by the NDTMS core datasets, it is anticipated that a local data collection may assist in forming a better picture of prescribed medication abuse in South Gloucestershire.

This can be done by collecting the data in terms of the frequency and complexity of the prescribed medication abuse by the patients.

²³Medicines and Healthcare Products Regulatory Agency, 'Medicines Use Review: Understand Your Medicines' (2005), available at: <http://www.mhra.gov.uk/home/groups/pla/documents/websitesources/con2023072.pdf> (last accessed: 3rd October 2014).

²⁴National Treatment Agency, 'Addiction to Medicine – An Investigation Into the Configuration and Commissioning of Treatment Services to Support Those Who Develop Problems with Prescription-only or Over-the-counter Medicine' (2011), available at: <http://www.nta.nhs.uk/uploads/addictiontomedicinesmay2011a.pdf> (last accessed: 3rd October 2014).

Links with Other Health Services

The addiction of prescribed medications does not only exist in the substance misuse realm; it transcends across other interface services. Often, patients are vulnerable, particularly those with co-morbid mental health problems.

In this context, linking with mental health services will be beneficial in providing an integrated response to the patients' addiction. An example of cross-provision of treatment includes availability of psychological treatments as alternatives to prescribed medicines, including through the Increasing Access to Psychological Therapies (IAPT) programme.²⁵

In addition, it is an opportunity to provide some forms of social prescribing, particularly through physical activities and ecotherapy activities. A study by Nuffield Health in 2013 showed that, 1% of those who visited their GP were told to exercise to alleviate low moods or anxiety, compared with 46% who were prescribed anti-depressants.²⁶ The push for less reliance on anti-depressants is supported by those surveyed, with 4% saying they would prefer to be prescribed medication over exercise, if given the choice. The study also showed 76% thought exercise lifted their mood and 72% were aware it was clinically proven to manage moderate anxiety or low moods.



²⁵Reed, K. et al, 'The Changing Use of Prescribed Benzodiazepines and Z-drugs and of Over-the-counter Codeine-containing products in England: A Structured Review of Published English and International Evidence and Available Data to Inform Consideration of the Extent of Dependence and Harm' (May 2011).

²⁶Nuffield Health, 'Prescribing Exercise Key to Defusing 'Ticking Mental Health Time Bomb' (2013): <http://www.nuffieldhealth.com/fitness-and-wellbeing/news/prescribing-exercise-key-to-defusing-ticking-mental-health-time-bomb> (last accessed: 3rd October 2014).

RECOMMENDATIONS

What Can be Done to Address the Misuse of Prescribed Medications in South Gloucestershire?

The following recommendations are proposed, to address the prevalence and challenges identified around the misuse of prescribed medications in South Gloucestershire:

Provision of Specialist Service in Primary Care

Specialist responses can be piloted in selected primary care settings as a starting point, to support and advise GPs to provide treatment, to recognise when a patient needs more specialist care, and to support patients who cannot be treated in standard primary care settings. It is also anticipated that such a service will be the first one in England and Wales in championing the awareness and movement towards addressing prescription medicine misuse.

The specialist service can bring the following benefits to the local primary care and the substance misuse treatment system:

- The knowledge and expertise on better prescribing practices, particularly on those patients who may have been using medicines for many years and may need long-term withdrawal and extensive support, including for co-occurring and emerging mental and physical health problems
- Effective promulgation of good practice recommendations in relation to opioid prescribing. All prescribers (medical and non-medical) should be aware of important addiction considerations when prescribing opioids for pain relief.
- Familiarity with or preference for the drug. Some doctors prefer some drugs to others, based on their experience of what works with other patients, or what new research tells them.

Appropriate clinical governance mechanisms will need to be in place to ensure safe and effective prescribing of medicines liable to dependence, and for the treatment of dependence, and to prevent and detect diversion of prescription medicines by patients.

The following do not count as a full clinical medication review, but may be useful as part of the medication review process, which is also in line with a Standard Operating Procedure (SOP) for medication review:

- Technical check of the medication list or tidying up medication records by removing unrequested items from repeats or dose optimization.
- Switching to a formulary item 'linking' medication to a 'problem'.

- Re-authorising the repeat list or reviewing an individual medication or disease without reviewing all medication as above.
- Asking the patient 'is everything else alright?' at the end of a consultation.

Training for GPs

The specialist service can deliver training on diagnostic tools, methods for stopping treatment and information about alternative therapies or medicines. The service can also co-deliver the training with the GP Leads for drug and alcohol for South Gloucestershire under the Royal College of General Practitioners (RCGP) umbrella on an annual basis.

Empowering Patients to Initiate Behaviour Change

If patients are not comfortable returning to the GP who prescribed the medicine on which they have become dependent, the service can empower them by informing their right to see another GP or register with another practice. Patients, and sometimes their GPs, may be unaware that there is a problem with a prescription medicine. The specialist service in primary care practices can help to identify problems and link patients to appropriate treatment.

In addition, the specialist service will have a role in signposting the patients into mutual aid to accelerate recovery.

Publicity

In ensuring that the patients and members of the public are aware of the problems that can arise with prescribed medicines, the following publicity strategies can be adopted by the specialist service:

- Ensure best use of technology in relation to the dissemination of information linked to misuse of prescribed medicines including social media, social networking sites, smartphone applications, texting, and radio campaigns.
- Work in conjunction with health services such as GP surgeries, pharmacies, hospitals, and sexual health providers to ensure the effective dissemination of public health awareness messages linked to misuse of prescribed medications.

Issues Surrounding Online Pharmacies

It is also relatively easy to purchase benzodiazepines on the Internet.²⁷ There are considerable risks in buying drugs online as they may be counterfeit drugs whose safety cannot be assured. It will be recommended that the publicity campaign be extended publicising the potential risks people expose themselves to when they buy from fraudulent online pharmacies.

²⁷Ray, G., 'All-Party Parliamentary Drugs Misuse Group - An Inquiry into Physical Dependence and Addiction to Prescription and Over-the-Counter Medication' (2007), available at: <http://www.drugscope.org.uk/Resources/Drug-scope/Documents/PDF/Appgotcreport.pdf> (last accessed: 3rd October 2014).

Referral into Structured Treatment

One of the advantages of having a specialist service, apart from articulating better prescribing approaches to the GPs, is to ensure that patients receive appropriate support through the local structured treatment system.

In addition, based on the Public Health England's observation:

- Performance data from local services suggests that once a client is engaged with services, treatment seems to work well.
- Low waiting times for access into dedicated services, suggesting that where these services exist, they are meeting the demand.
- Individuals reporting problems with prescribed medications generally tend to engage with treatment for six months or more.
- A higher proportion of these individuals exit drug treatment services having completed treatment successfully than the wider drug treatment population.

Figure 14 below shows the rate of successful completions for these cohorts of clients:

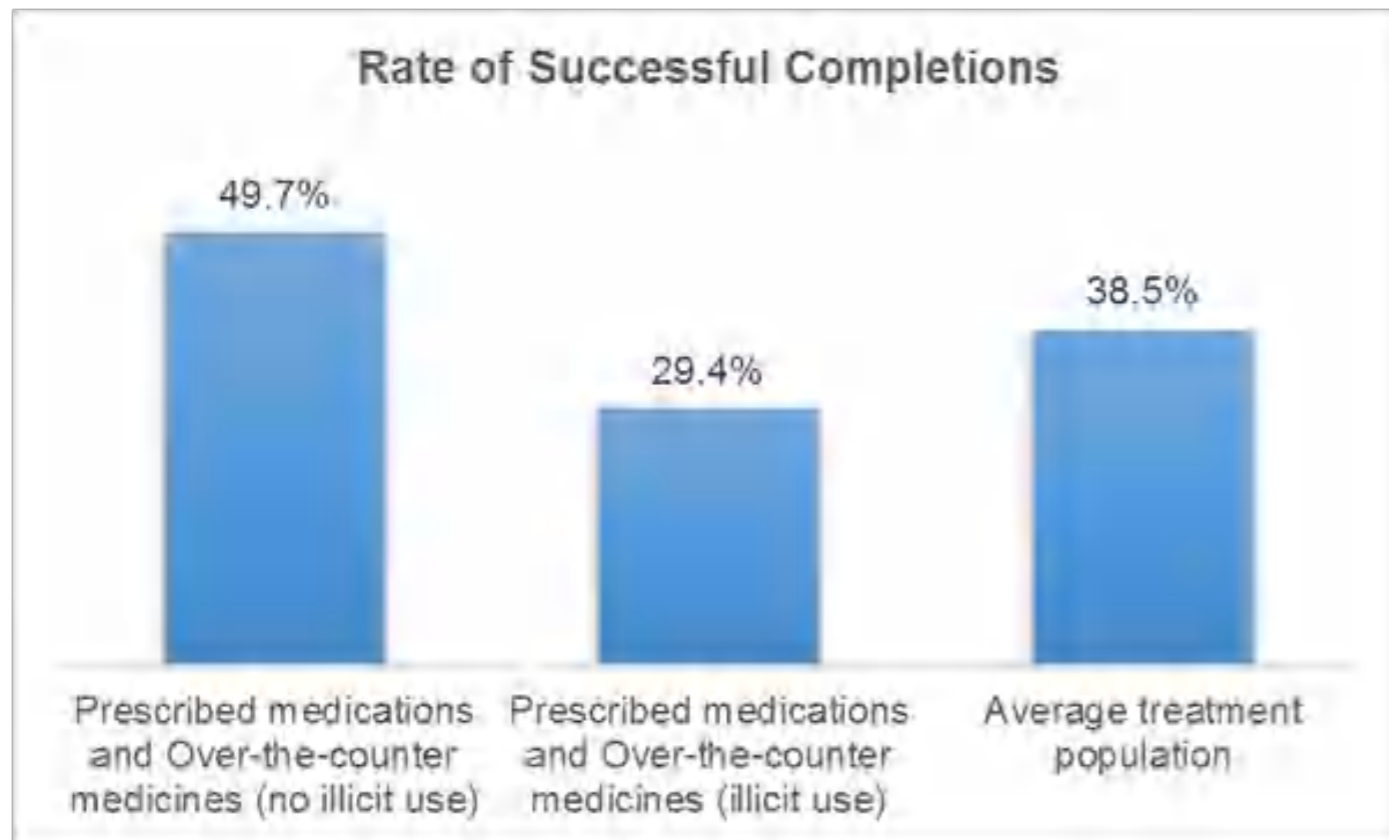


Figure 14: Rate of Successful Completions for Clients with Prescribed Medications and Over-the-counter Misuse Against Average Treatment Population

Figure 14 above can be used as an indication that for those who did not cite illicit use, if they are referred into the local treatment system, the chances of increasing successful completions are higher.

Provision of Support by a Trained Pharmacist

Support for GPs can also be strengthened by support from a trained pharmacist. Each GP surgery should have a trained surgery pharmacist to work with the GPs through formulation and operation of patient programmes.

Support by the surgery pharmacist should be on a regular fortnightly basis during the withdrawal programme, and for a minimum of six months after the completion. The support should involve a meeting at the surgery to make sure withdrawal symptoms are at acceptable levels, and if not, further reductions should be left until these symptoms subside. Particular care must be taken to assess any increased depression which may require appropriate treatment. Follow-up visits should continue monthly for an additional twelve months.

Linking with Mental Health and Physical Activity Services

Linking with mental health services will be beneficial in providing an integrated response to the patients' addiction. Examples of cross-provision of treatment include the availability of psychological treatments as alternatives to prescribed medicines, including through the Increasing Access to Psychological Therapies (IAPT) programme.²⁸

In addition, it is an opportunity to provide some forms of social prescribing, particularly through physical activities, and ecotherapy activities.

Data and Intelligence Gathering

It is anticipated that the collected data will enable South Gloucestershire to become a regional and national information hub for the misuse of prescribed medications. This will assist with local intelligence, coordinate future operational and strategic delivery, and facilitate communication and information sharing processes with partner organisations such as Public Health England, Avon & Somerset Constabulary, service user groups, GP practices, Clinical Commissioning Group (CCG), and Mental Health services. The success of the interventions can be monitored through provision of the outputs and outcomes below:

²⁸N.25, *supra*.

Outputs

Data collection framework at the service level can be focused on gathering the epidemiological data relating to the scale of the misuse of prescribed medications in South Gloucestershire. This will include collating the following information:

- Types of drugs used
- Usage with other substances
- Motivation of use
- Methods of consumption
- Methods of obtaining the substances
- Frequency of use
- Concurrent health-related and other behaviours
- Outcomes of use, such as acute harm, toxicity, or dependency
- Demographic patterns of the service users
- Collection of full postcodes of the service users to determine the prevalence of prescribed medications abuse within certain wards, particularly in the neighbourhood priority areas
- Signposting to the community treatment services
- Service users' satisfaction with the project

At the DAAT level, monitoring and responding to prescribing and purchasing patterns of primary care will be the first port of call for most patients dependent on prescription or OTC medicines. This can be done through obtaining the data from South Gloucestershire Clinical Commissioning Group (CCG) and the Care Quality Commission.²⁹

Outcomes

The data collection exercise above will enable the DAAT to monitor the effectiveness of treatment intervention for those who are addicted to prescribed medications through the following outcome measures:

- Evidence of positive outcomes for service users, particularly on the recovery.
- Effective signposting into the treatment system and appropriate support services for those who require further interventions.

²⁹Price, C., 'CQC to Publish Practices' Antibiotic and Benzodiazepine Prescribing Data' (2014), available at: <http://www.pulsetoday.co.uk/your-practice/practice-topics/regulation/cqc/cqc-to-publish-practices-antibiotic-and-benzodiazepine-prescribing-data/20008131.article#.VDbidvldV8E> (last accessed: 7rd October 2014).

- Availability of support for parents and concerned others who are affected by the misuse of prescribed medication.
- Improved data collection and information sharing, to inform operational and strategic decision-making of the DAAT and its partner organisations.
- Increased public awareness and understanding of the community on prescribed medication misuse, associated harms and the availability of advice, information, and support.
- Increased GP confidence, to identify and respond to prescribed medication misuse on presentation.
- Formulation of consumer profiling to determine the level of prescribed medication misuse within South Gloucestershire and the wider health needs.
- Evidence positive outcomes for individuals and demonstrate good value for money.

